PATENT APPLICATION FEE DETERMINATION RECO											or Docket Number		
Effective January 1, 2003								BIN-DKT NAMY8					
		CLAIMS AS	FILED - (Column					SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			5					RATE		FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	IMBER EXTRA		BASIC FEE 375		375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			, 5 minus 20=		* 6			X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		· Ø			X42=			OR	X84 <b>≠</b>	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT			<u> </u>			+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	750	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column						· (Oaliman 0)		IAMP		ENTITY	OR	OTHER SMALL	
	(Column 1) CLAIMS		HIGH				J.II.AL			ADDI-	) 	O.I.ALL	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	E	TIONAL FEE		RATE	TIONAL FEE
	Total	• 4	Minus		0	=		X\$ 9	=		OR	X\$18=	
	Independent	* /	Minus	***3				X42=			OR	-X84-	
<u> </u>	FIRST PRESE	NTATION OF MI	LTIPLE DEPENDENT		CLAIM	CLAIM		1140	_			+280=	
								+140		-	OR	TOTAL	_
	1		(Oak 0) (Oak 0)				ADDIT. FEE				OR ADDIT. FEE		
		(Column 1) CLAIMS		(Colur					_	ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RAT	Ε	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=	= -		OR	X84=	
Ľ	FIRST PRESE	JLTIPLE DEP	ENDENT	CLAIM			+140	=		OR	+280=		
								TO1 ADDIT. F			ا م	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)											AUUII. FEEI	
<b>.</b>		CLAIMS		HIGH	EST		ı			ADDI-			ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	=	TIONAL FEE		RATE	TIONAL
	Total	.* <u></u>	Minus	. <del>**</del>		<b>=</b>		X\$ 9	_		OR	X\$18=	
AME	Independent	*	Minus	***	<u> </u>	=		X42=	_		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140:	_			+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE										OR	ADDIT, FEE		
		ber Previously Pa					r fou	und in the	app	oropriate box	k in co	lumn 1.	